ACT and IDDT: The Convergence of Two Models

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Assertive Community Treatment Director
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CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University

A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Service innovations for people with mental illness, substance use disorders

- **SAMI**: Substance Abuse & Mental Illness strategies for co-occurring disorders
  - **IDDT**: Integrated Dual Disorder Treatment
  - **DDCAT**: Dual Diagnosis Capability in Addiction Treatment
  - **DDCMHT**: Dual Diagnosis Capability in Mental-Health Treatment

- **ACT**: Assertive Community Treatment
  - The evidence-based practice

- **SE/IPS**: Supported Employment/Individual Placement & Support
  - The evidence-based practice

- **IPBH**: Integrated Primary & Behavioral Healthcare

- **MI**: Motivational Interviewing
  - The evidence-based treatment

- **TRAC**: Tobacco: Recovery Across the Continuum
  - A stage-based motivational model

**Case Western Reserve University**
Goals for today

1. Review the basics (why ACT?)

2. New basics: IDDT (Stage-wise philosophies and MI)

3. “Why” and “How” ACT and IDDT fit together

4. What’s in it for me?
Why ACT?

ACT is an evidence-based practice:

- Specific intervention (practice standards- a “model”)
- Positive results (positive consumer outcomes)
- Predictable results (outcomes are reproducible)
- Means of assessing one’s model (fidelity tool)
Which would you like to eat?
Why ACT?

- Overuse of expensive services
- System fragmentation
- De-institutionalization
- Creates more “whole” system for individualized services
- Staff burnout
We know it works:


ACT Outcomes:
Number of studies per domain

- Hospital Use: 17
- Housing Stability: 8
- Symptoms: 7
- Quality of Life: 7
- Social Adjustment: 10
- Jail/Arrests: 7
- Substance Use: 4
- Med Compliance: 2
- Vocational Outcomes: 5
- Client Satisfaction: 7

Better
No Difference
Worse
What problem(s) does YOUR ACT team solve?
(3 min discussion)
Things You May Not Have Known About ACT…
Integrated Dual Disorder Treatment (IDDT): What is it?

Clinical focus on treatment for persons with severe and persistent mental illness and substance use disorder
Integrated Dual Disorder Treatment (IDDT): What is it?

Treatment of substance use disorder and mental illness together

- Same team
- Same location
- Same time
IDDT Basics: Stages of Change

Precontemplation

Contemplation

Preparation

Action

Maintenance
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics - Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>“Nothing needs to change”</td>
<td>• RELATIONSHIP</td>
</tr>
<tr>
<td>“Ignorance is Bliss”</td>
<td></td>
<td>• TRUST</td>
</tr>
<tr>
<td>Contemplation</td>
<td>“I am considering change”</td>
<td>• ACKNOWLEDGE MIXED FEELINGS</td>
</tr>
<tr>
<td>“On the Fence”</td>
<td></td>
<td>• DEVELOP DISCREPANCY</td>
</tr>
<tr>
<td>Preparation</td>
<td>“I am figuring out HOW to change”</td>
<td>• BUILD CONFIDENCE</td>
</tr>
<tr>
<td>“Testing the Waters”</td>
<td></td>
<td>• INFO, OPTIONS, ADVICE</td>
</tr>
<tr>
<td>Action</td>
<td>“I’m working on reaching my goals.”</td>
<td>• CAREFUL - DON’T PUSH...</td>
</tr>
<tr>
<td>“Started Moving”</td>
<td></td>
<td>• PLAN REACHABLE GOALS</td>
</tr>
<tr>
<td>Maintenance</td>
<td>“I’ve changed, now to just keep it up.”</td>
<td>• MONITOR AND ENCOURAGE</td>
</tr>
<tr>
<td>“Holding Steady”</td>
<td></td>
<td>• SUPPORT CHANGE</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>“I’ve gone back to old behaviors. Have I lost everything I worked for?”</td>
<td>• CAREFUL - AVOID SHAMING</td>
</tr>
<tr>
<td>“Falling off the Wagon”</td>
<td></td>
<td>• WHAT WENT WRONG?!</td>
</tr>
<tr>
<td>“Revisiting the Past”</td>
<td></td>
<td>• TRY AGAIN!!</td>
</tr>
</tbody>
</table>
IDDT Clinical Guide
(featuring stage-wise treatment)
The Nail Video:

https://www.youtube.com/watch?v=4EDhdAHrOg
"Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for and commitment to a change goal by eliciting and exploring an individual’s own arguments for change."

(Miller and Rollnick, 2013)
IDDT: What is Motivational Interviewing (MI)?

• Collaborative, Empathic, Goal-oriented style of communication
• Pays specific attention to “language of change”
• Elicits and strengthens a person’s own reasons and motivation for change.
• Nurtures hope and optimism.
• Occurs within the context of staff acceptance and compassion
How does MI help me?

If patient behavior change is what we seek –

then MI has more published evidence to be effective than telling people what to do and why when working in a short time frame.

(Miller & Rollnick, Motivational Interviewing: Helping People Change, 2013)
How does MI help me?

1. Aligns with Evidence Based Practices
2. Helps get “back in the game”
3. Changes who does the talking
4. Professional avoids doing all the work
5. Includes effective tools for resistance
6. Helps prepare people for change
7. Changes what is talked about (“change talk”)
8. You can enforce program criteria, deliver consequences AND be MI-consistent.

(Adapted from Clark, 2006)
How does MI help me?

“Often the strongest predictor of treatment outcome is the staff to whom a client is assigned, even when assignment is random. There is a strong correlation to staff empathy and treatment success.”

[Miller, Taylor, & West (1980), Valle (1981)]
MEET PETER!

Aggressive, Manipulative, Guarded, Entitled, Dishonest, "Splitting", Impulsive, "Resistant", Disrespectful, Unmotivated, Angry
The “Spirit” of MI: Elements

- Collaboration
- Compassion
- Acceptance
- Evocation
IDDT: What is Motivational Interviewing (MI)?

Stop It!

https://www.youtube.com/watch?v=Ow0Ir63y4Mw
ACT and IDDT: The Convergence of Two Models
ACT & IDDT: Core Similarities

Integrated Treatment
Comprehensive Services
Team Approach
Multidisciplinary Expertise on Team
An Evidence Base
Clear Outcome Goals
Clear Models/Practices (Fidelity Scales)
ACT & IDDT: Minor Differences in Specificity

**ACT** has more specificity around service structure:
- Team composition (Prescriber, Nurse, Voc., Peer)
- Organizational Structure (daily team and Tx planning mtgs)
- Managing hospital admit and d/c
- Mandated “on-call”

**IDDT** has more specificity around treatment content:
- Assessment & TX Planning
- Motivational Interviewing
- Harm Reduction
- Staff Training
- Supervision
- Stage-wise treatment
Integrated Dual Disorder Treatment

Assertive Community Treatment
## The ACT-IDDT Population

<table>
<thead>
<tr>
<th>Low to Moderate Psychiatric Disorders</th>
<th>High Severity Psychiatric Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low to Moderate Severity Substance Use Disorder</td>
<td>Low to Moderate Severity Substance Use Disorder</td>
</tr>
<tr>
<td>Low to Moderate Psychiatric Disorders</td>
<td>High Severity Psychiatric Disorders</td>
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<td>High Severity Substance Use Disorder</td>
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# ACT-IDDT Outcomes in Columbus, OH

Franklin County IDDT-ACT Teams N= 322; (278 have been in the program 12 months or more and 246 in for 24 months or more. Service dates: 7/30/08-12/30/11)

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Measure Units</th>
<th>BASELINE USAGE During Year Prior to Being on Team</th>
<th>CURRENT USAGE RESULTS For Clients on Team One Year or More</th>
<th>CURRENT USAGE RESULTS For Clients on Team Two Years or More</th>
<th>DIFFERENCE In Usage From Baseline, First Year</th>
<th>DIFFERENCE In Usage From Baseline, Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Units</td>
<td>First Year Units</td>
<td>Second Year Units</td>
<td># Percent +/-</td>
<td># Percent +/-</td>
</tr>
<tr>
<td>State Hosp Inpatient</td>
<td>N Days</td>
<td>9,293</td>
<td>4,640</td>
<td>3,026</td>
<td>-50%</td>
<td>-67%</td>
</tr>
<tr>
<td>Netcare Services</td>
<td>Crisis Episodes</td>
<td>757</td>
<td>560</td>
<td>337</td>
<td>-26%</td>
<td>-55%</td>
</tr>
<tr>
<td>Residential Care</td>
<td>Days</td>
<td>5,991</td>
<td>6,810</td>
<td>4,826</td>
<td>14%</td>
<td>-19%</td>
</tr>
</tbody>
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ACT  Fidelity: DACTS

3 Sub scales

1. Human Resources: Structure and Composition

2. Organizational Boundaries

3. Nature of Services
IDDT Fidelity Scale

Part I: Treatment Characteristics
- Factors for IDDT Service Delivery
- 14 Items

Part II: Organizational Characteristics
- General Factors aimed at improving program’s ability to implement any EBP
- 12 Items
ACT & IDDT: **Fidelity Item** Similarities

- Team Approach
- Multidisciplinary Team
- Explicit Admission Criteria
- Comprehensive Services
- Long Term Services
- Outreach
- Engagement

- Service Intensity
- Work with Essential Others
- SA TX
# ACT & IDDT: Fidelity Item Differences

<table>
<thead>
<tr>
<th>ACT</th>
<th>IDDT</th>
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<tbody>
<tr>
<td>Ratios</td>
<td>Assessment</td>
</tr>
<tr>
<td>Daily Team Meetings</td>
<td>TX Planning</td>
</tr>
<tr>
<td>Staffing: Continuity and Retention</td>
<td>Staff Training</td>
</tr>
<tr>
<td>Intake Rate</td>
<td>Supervision for IDDT</td>
</tr>
<tr>
<td>Peer Specialist</td>
<td>Outcome Monitoring</td>
</tr>
<tr>
<td></td>
<td>In standards-not DACTS</td>
</tr>
<tr>
<td></td>
<td>Client choice</td>
</tr>
<tr>
<td></td>
<td>Motivational Interviewing</td>
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<tr>
<td></td>
<td>Harm Reduction</td>
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</tbody>
</table>
Overlap of ACT & IDDT Fidelity Scale Items:

- DACTS
- BOTH
- IDDT

H1, H3, H5, H6, O2, S10

H2=T1a
H4=T1a
H7=T1a
H8=T1a
H9=T1b
H10=T1a
O1=O2
O3=T3
O4-6=T5(weak)
O7=T4
S1=T5
S2=T4
S3=T3+T13
S4=T3+O3
S5=T3
S6=T9
S7=T7
S8=T8
S9=T2, T10

O4, O5, O6, O7, O8, O9, O10, O11, O12, T6, T12
Join Our Mailing List

get connected to ...
- training events
- educational resources
- consulting resources
- evaluation resources (fidelity & outcomes)
- professional peer-networks

create account | sign in

Online!
Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers
Tools | Education & Advocacy

Booklets

Posters

Reminder Cards

www.centerforebp.case.edu/resources/tools
Contact Us

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Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research